

Name  
in  
Full

William Francis Bradburn

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frazier</i> Town		<i>Calvert</i> County		MARYLAND	
Date of death <i>1960</i>	Month <i>Jan</i>	Day <i>14</i>	Age <i>73</i>	Months <i>3</i>	Days <i>17</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>St Marys Co Md</i>		
Occupation <i>Plasterer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Mary E Bradburn</i>			
Father's Name <i>Unknown</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Martha E. Martin</i>			Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>C. A. Bradburn</i>			How related to deceased <i>(20) Daughter</i>		

## CAUSES OF DEATH

Primary

*Puncture of two carpal bones over patella*  
*Blood Poisoning*

How long

*ms. 3 days.*

Immediate

*Exhaustion*

How long

Are the name, age, sex, color, date and place correctly given above?

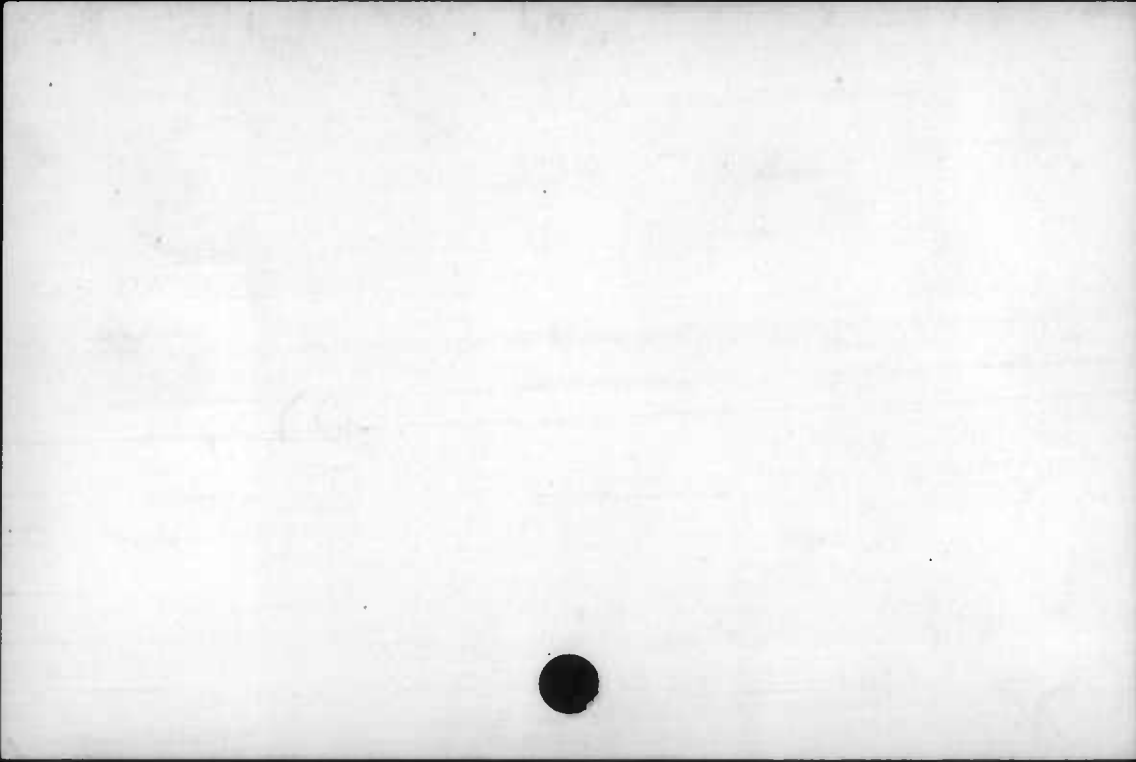
*yes*

Signature of Physician

Address

*Dr. J. Chambers Md*  
*Lusby Calvert Co Md*

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

*Broom*

Died at <i>Solomons</i> Town		<i>Calvert</i> County		MARYLAND	
Date of death <i>1900</i>	Month <i>Jan</i>	Day <i>3</i>	Age <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Calvert Co md</i>		
Occupation <i>—</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Frank Broom</i>			Father's Birthplace <i>Calvert Co md</i>		
Mother's Maiden Name <i>Agnes Weems</i>			Mother's Birthplace <i>Calvert Co md</i>		
Name of person giving Information <i>Frank Broom</i>			How related to deceased <i>Father</i>		

TO BE ANSWERED BY  
NEAREST FRIEND

CAUSES OF DEATH

Primary	<i>Still born</i>	<i>8</i>	How long	<i>7</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Geo F Chambers</i>		
		Address <i>Sub-Registrar 137 N Lucy Co Calvert Co md</i>		
<del>Accident or Suicide</del>				

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

Agnes Broom

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1900		Jan	3	36			
Sex	Female	Color or Race	Colored	Birth-place	Calvert Co Md		
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of <del>Wife</del> Husband Frank Broom			
Father's Name	Agustin Weems			Father's Birthplace Calvert Co Md			
Mother's Maiden Name	Mary Brown			Mother's Birthplace Calvert Co Md			
Name of person giving Information	Frank Broom			How related to deceased Husband			

CAUSES OF DEATH

135

PHYSICIAN  
OR CORONER

Primary	Child Birth		How long	3 hours
Immediate	Post Partum Hemorrhage		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Dr. F. Chambers	
			Sub-registrar B. O. H.	
			Lucy B. Calvert Co Md	
Accident or Suicide				



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

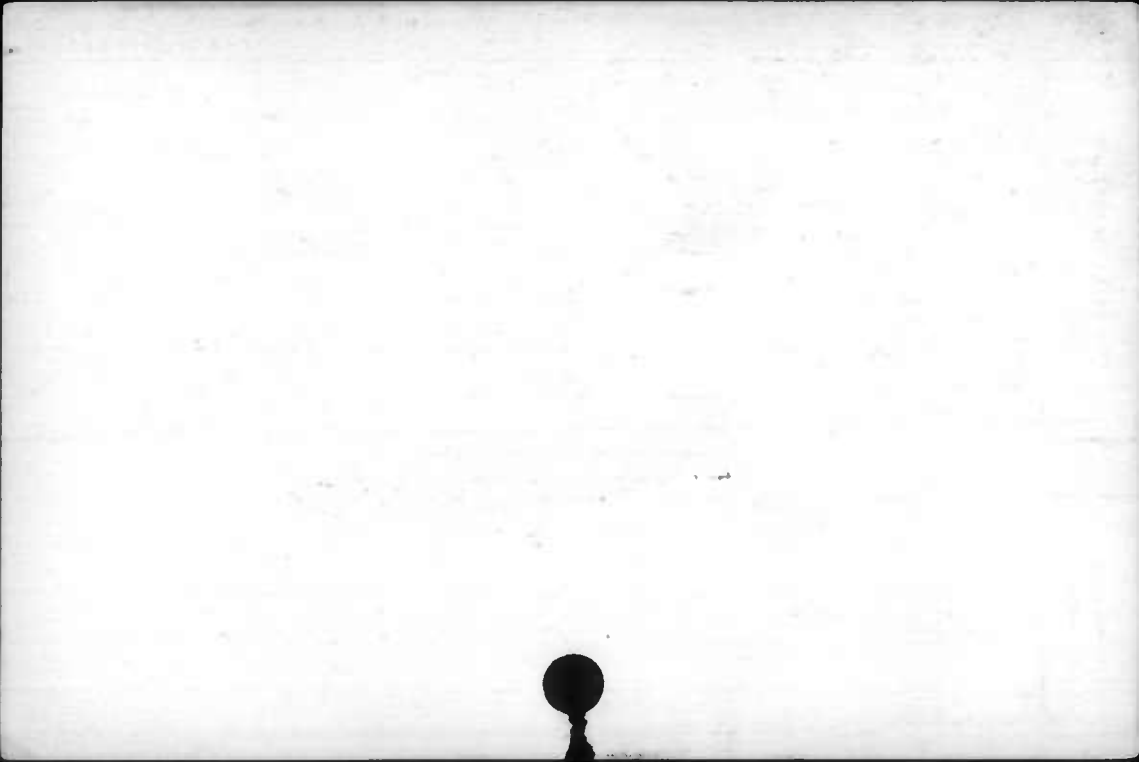
Died at <u>Princeton</u> Town		<u>Acres</u> County		MARYLAND	
Date of death <u>1900</u>	Month <u>Jan.</u>	Day <u>25</u>	Age <u>71</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>County, Md.</u>			
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Princeton, Md.</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or <del>Husband</del> <u>Arabella Thomas</u>				
Father's Name <u>Abel Buckenmiller</u>	Father's Birthplace <u>Calverton, Md.</u>				
Mother's Maiden Name <u>Sarah Williams</u>	Mother's Birthplace <u>Calverton, Md.</u>				
Name of person giving Information <u>Mrs. Buckenmiller</u>	How related to deceased <u>Wife</u>				

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <u>Bright's disease -</u>	How long <u>9 months</u>
Immediate <u>Syncope -</u>	How long <u>2 or 3 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>No.</u>	Signature of Physician <u>P. Pearson</u>
Accident or Suicide <u>_____</u>	Address <u>Princeton, Md.</u>





Name  
in  
Full

CERTIFICATE OF DEATH

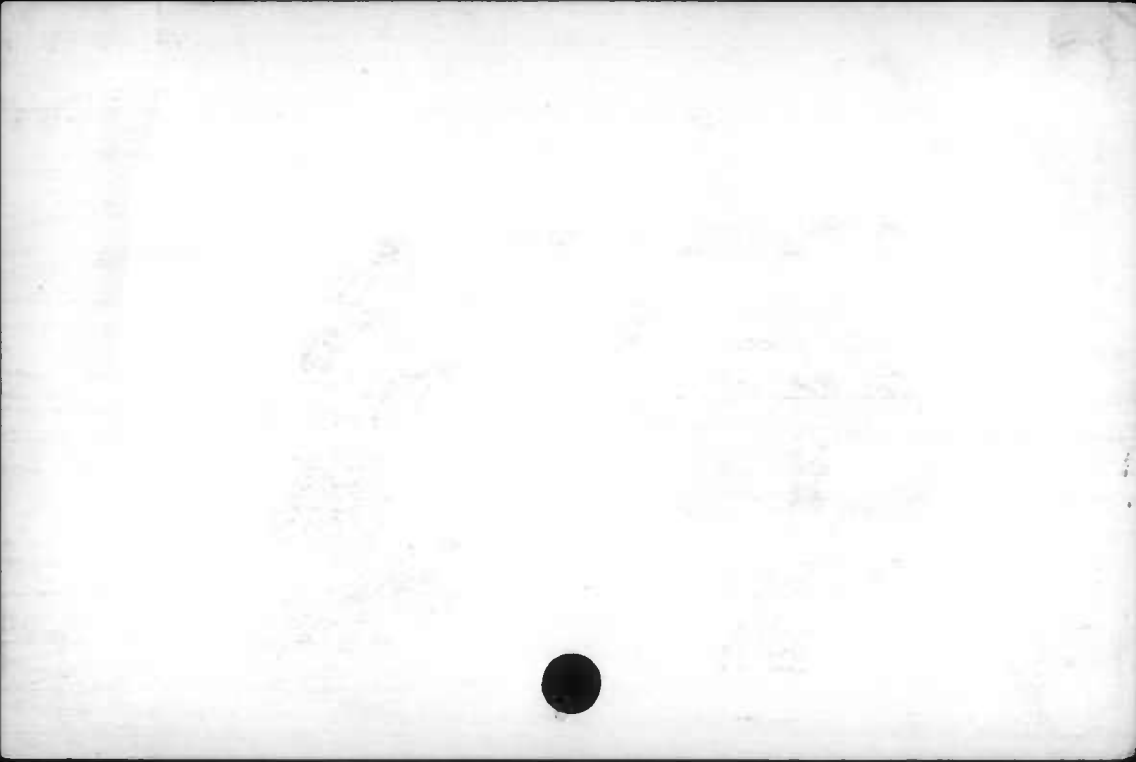
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Julius O. Dorsay</i>		Town <i>Bonnie Beach</i>		County <i>Clement</i>		MARYLAND	
Died at		Month <i>Jan</i>		Day <i>4</i>		Age <i>70</i>	
Date of death 19 <i>40</i>		Month <i>Jan</i>		Day <i>4</i>		Age <i>70</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Clement Co.</i>			
Occupation <i>Former Physician</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sarah E. Dorsay</i>					
Father's Name <i>Al - Dorsay</i>		Father's Birthplace <i>Clement</i>					
Mother's Maiden Name <i>Annie Helade</i>		Mother's Birthplace <i>Clement</i>					
Name of person giving Information <i>Al Dorsay</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Heart &amp; Poison</i>		How long <i>56</i>	
Immediate <i>Constriction of Brain</i>		How long <i>2 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>P. Benson</i>	
		Address <i>Winton</i>	
Accident or Suicide <i>—</i>			



Name  
in  
Full

M. J. Fowler

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

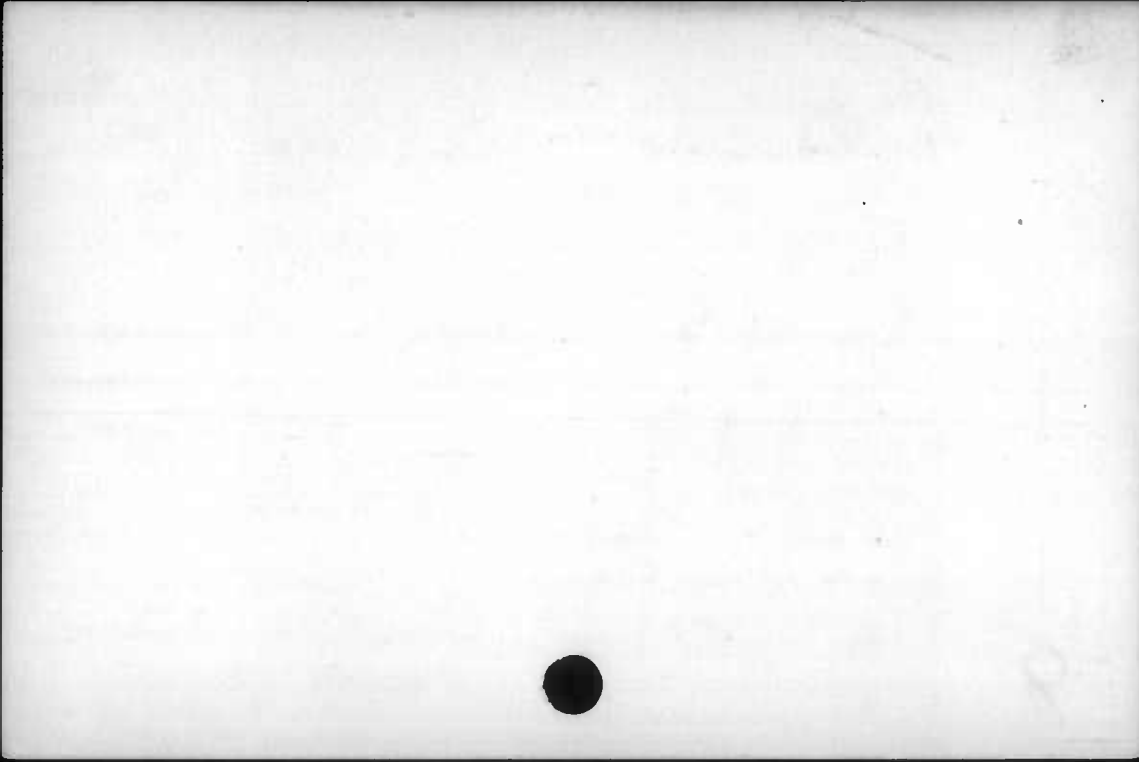
Died at		Town Chanyville		County Calvert		MARYLAND	
Date of death		1980	Month July	Day 20	Age 72	Years 1	Months 12
Sex		Male		Color or Race		White	
Birth- place		Calvert Co					
Occupation		Traveling Salesman		Where Residing if not at place of death			
Married, Single or Widowed		Widowed		Name of Wife or Husband			
Father's Name		Jno. W. Fowler				Father's Birthplace	
Mother's Maiden Name		Unknown				Mother's Birthplace	
Name of person giving In formation		Jno E. Plummer				How related to deceased	
						None	

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary		Chronic Baskitis Val. Disease of Heart		How long 3 years	
Immediate					
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	
				E. H. Hopman	
				Address	
				Lower Marlboro Md	
Accident or Suicide?					



Name  
in  
Full

Daniel Webster Grinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> near Chaney <sup>County</sup> Calvert MARYLAND

Date of death 1900 January 25 Age — Years Six Months Nine Days

Sex Male Color or Race White Birth-place near Chaney

Occupation — Where Residing if not at place of death —

Married, Single or Widowed —

Name of Wife or Husband —

Father's Name Charles B Grinson

Father's Birthplace Maryland

Mother's Maiden Name Emma B Grinson

Mother's Birthplace Maryland

Name of person giving information Ch. B Grinson

How related to deceased Father

## CAUSES OF DEATH

76

PHYSICIAN  
OR CORONER

Primary Inflammation Middle Ear

How long Two months

Immediate Abscess on Brain

How long about Six days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

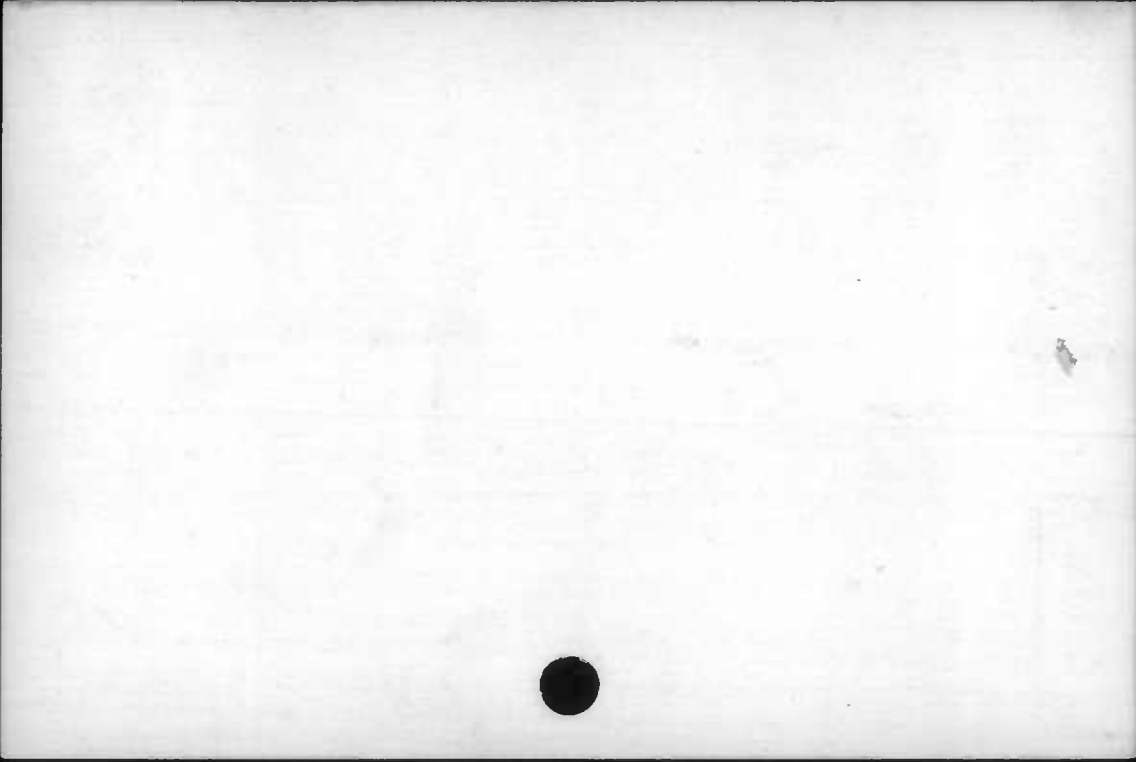
Compton Wilson

Address

Jewell

Accident or Suicide? —

Md



Name  
in  
Full

## CERTIFICATE OF DEATH

Sa Jacks

Town

County

MARYLAND

Died at

Huntingtown

Calvert

Date

of death

1980

Month

Jan

Day

26

Age

Years

Months

Days

15

Sex

Female

Color or  
Race

Black

Birth-  
place

Cal. Co.

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

William Jacks

Father's  
Birthplace

Cal. Co.

Mother's  
Maiden Name

Maria Gross

Mother's  
Birthplace

" "

Name of person giving  
Information

Tom Gross

How related  
to deceased

Uncle

## CAUSES OF DEATH

Primary

Murmur

How long

151

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

J.W. Fitch  
Huntingtown  
Md.

Accident or Suicida

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in Full

CERTIFICATE OF DEATH

John R. Johnson  
Town Frager County Calvert

MARYLAND

Died at Frager Month Jan Day 12 Years about 70 Months — Days —  
Date of death 1900 Age about 70

Sex male Color or Race Colored Birth-place Calvert Co md

Occupation Laborer Where Residing if not at place of death

Married, Single or Widowed married Name of Wife or Husband Jane S Johnson

Father's Name Robert Johnson Father's Birthplace Calvert Co md

Mother's Maiden Name Winnie Walker Mother's Birthplace Calvert Co md

Name of person giving Information Jane S Johnson How related to deceased wife

CAUSES OF DEATH

Primary Senile Debility How long Several months

Immediate Prostration How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Dr. J. Chambers md  
Address Ansby Calvert Co md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

*Sarah Murrell*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Raussan* Town *Calvert* County  
Date of death *1900 Jan 4* Age *4*  
Sex *Female* Color or Race *Black* Birth-place *Raussan*  
Occupation \_\_\_\_\_  
Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed ☒ Name of Wife or Husband \_\_\_\_\_  
Father's Name *Mary Murrell* Father's Birthplace *Cal. Geo*  
Mother's Maiden Name *Mary Reed* Mother's Birthplace *" "*  
Name of person giving Information *Mary Murrell* How related to deceased *Father*

CAUSES OF DEATH

Primary *Still born* How long \_\_\_\_\_  
Immediate \_\_\_\_\_ How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*J. W. Smith*  
*Shuntingtown*

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

William Mossell Jr.  
Town: Chesapeake Beach County: Calvert

MARYLAND

Died at: Chesapeake Beach

Date of death: 1970 Jan 8

Age

Months: 2 Days: 2

Sex: Male

Color or Race: Colored

Birth-place: Ches. Beach Md

Occupation: Home

Where Residing if not at place of death

Married, Single or Widowed: Single

Name of Wife or Husband: None

Father's Name: William Mossell

Father's Birthplace: Willow, Md.

Mother's Maiden Name: Linda Coates

Mother's Birthplace: Ches. Beach Md.

Name of person giving Information: William Mossell

How related to deceased: Father

CAUSES OF DEATH

Primary: Bronchial Pneumonia

How long: 50 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

W. H. Talbot

Address

Willow, Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

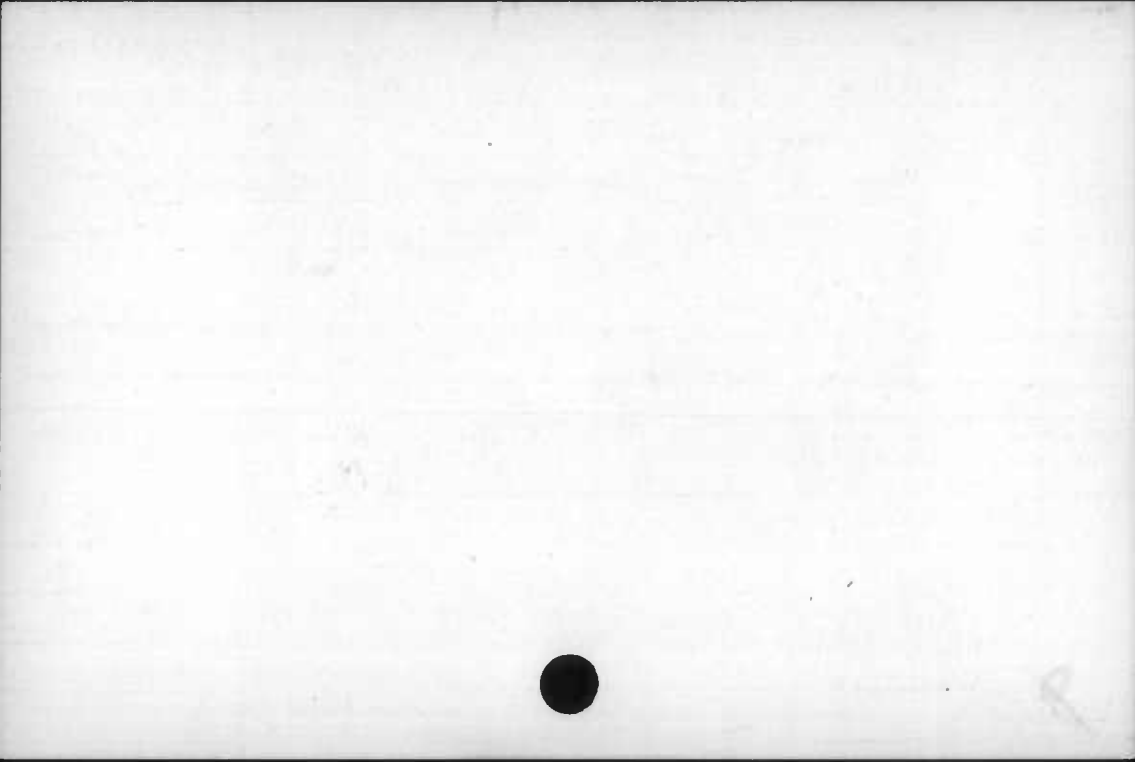
Died at <i>Sellers</i> Town		<i>Calvert</i> County			
Date of death <i>1900</i>	Month <i>Jan</i>	Day <i>1</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Calvert Co md</i>	
Occupation <i>none</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>James Myers</i>			Father's Birthplace <i>Calvert Co md</i>		
Mother's Maiden Name <i>Ella Torrey</i>			Mother's Birthplace <i>Calvert Co md</i>		
Name of person giving information <i>Rebecca Torrey</i>			How related to deceased <i>grand mother</i>		

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary <i>Malnutrition</i>	How long <i>From birth</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo F Chambers</i>
	Address <i>Sub-Registrar 2374 Lusby, Calvert Co md</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

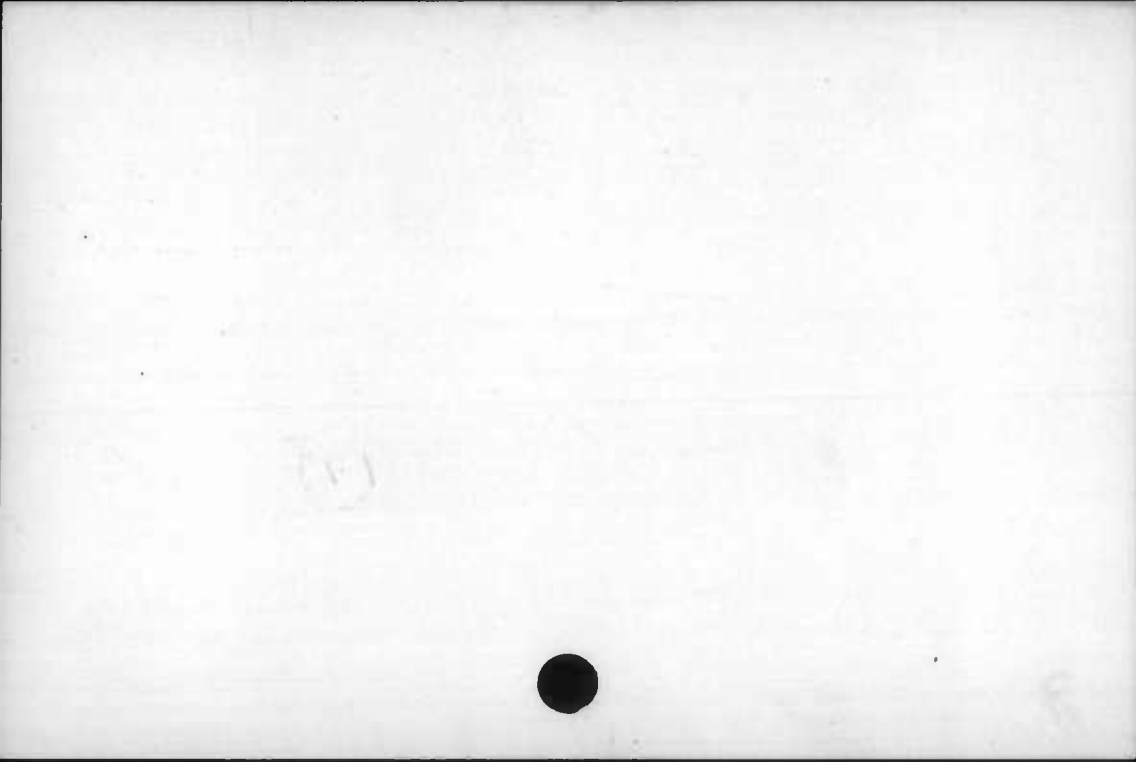
Died at		Town <i>Sollers</i>		County <i>Calvert</i>		MARYLAND	
Date of death	<i>1900</i>	Month <i>Jan</i>	Day <i>4</i>	Age	Years —	Months —	Days <i>16</i>
Sex	<i>Male</i>		Color or Race	<i>Colored</i>		Birth place	<i>Calvert Co md</i>
Occupation	—			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband —				
Father's Name	<i>James Myers</i>				Father's Birthplace <i>Calvert Co md</i>		
Mother's Maiden Name	<i>Ella Torrey</i>				Mother's Birthplace <i>Calvert Co md</i>		
Name of person giving information	<i>Rebecca Torrey</i>				How related to deceased <i>Grandmother</i>		

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	<i>Malnutrition</i>	How long	<i>From birth</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>E. J. Chambers</i>
<i>Yes</i>		Address	<i>Sub. registrar B 7 H Lusby, Calvert Co md</i>
Accident or Suicide? <input type="checkbox"/>			



Name  
in  
Full

## CERTIFICATE OF DEATH

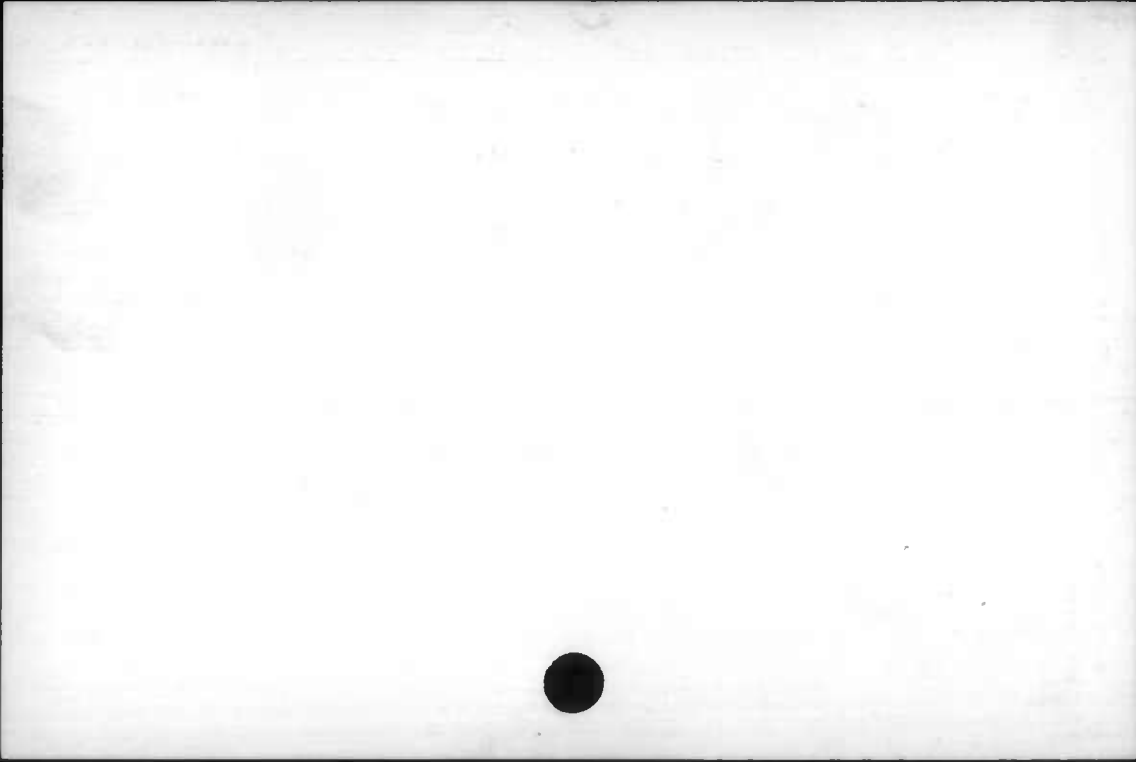
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Barnes</i>		Town <i>Calvert</i>		County		MARYLAND					
Date of death <i>1900</i>		Month <i>Jan</i>		Day <i>13</i>		Age <i>5-1</i>		Months		Days	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Calvert Co</i>							
Occupation <i>Cystrman</i>				Where Residing if not at place of death							
Married, Single or Widowed				Name of Wife or Huaband							
Father's Name <i>Jim Ramsey</i>				Father's Birthplace <i>Calvert Co</i>							
Mother's Maiden Nama <i>Martha Ramsey</i>				Mother's Birthplace <i>Calvert Co</i>							
Nama of person giving Information				How related to deceased							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>		How long <i>6 mos</i>	
Immediate <i>Exhaustion</i>		How long	
Are the nama, age, sex, color, data and place correctly given above?		Signature of Physician <i>D. L. N. King</i>	
		Address <i>Barstow Md</i>	
Accident or Suicide			



Name  
in  
Full

## CERTIFICATE OF DEATH

Jas. W. Scott

Town

County

MARYLAND

Died at

Baltimore

Date

1910

Month

January

Day

9

Years

Age 52

Months

6

Days

13

of death

Sex

Male

Color or  
Race

African

Birth-  
place

Calvert Co.

Occupation

Farmer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Lizzie Scott.

Father's  
Name

James Scott

Father's  
Birthplace

Calvert Co

Mother's  
Maiden Name

Eliza Thomas

Mother's  
Birthplace

"

Name of person giving  
Information

Joseph I. Scott

How related  
to deceased

Brother.

## CAUSES OF DEATH

Primary

Calcular Dis of Heart

How long

7. Years

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

E. H. Himmans  
Lower Marlboro,  
Calvert Co., Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

79



Name  
in  
Full

Robert Thomas

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Huntingtown Calvert County  
 Month Day Years Months Days  
 Date of death 1990 June 3 Age 59

MARYLAND

Sex male Color or Race Black Birth-place Cal. Co.

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Mary Grace

Father's Name James Thomas Father's Birthplace Cal. Co.

Mother's Maiden Name Not known Mother's Birthplace Not known

Name of person giving Information George Smith How related to deceased Son in law

## CAUSES OF DEATH

18

Primary Encephaloma facial How long 6 wks

Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

J. W. Little  
Huntingtown

PHYSICIAN  
OR CORONER

Accident or Suicide

